

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X

JEFFREY MCEARCHEN, DANIEL LAWSON, and
THOMAS C. WOLFE, individually and on behalf of
all other persons similarly situated,

Case No.: 13-cv-3569-FB-JO

Plaintiffs,

-against-

URBAN OUTFITTERS, INC.,

Defendant.

-----X

NOTICE OF FILING OF CONSENT FORMS

Pursuant to the Court's instructions and directions at the Status Conference on November 19, 2014 (see ECF Docket No. 131), by this Notice, Plaintiffs' Counsel are hereby filing the original consents of the individuals listed below in their unredacted form as Exhibit A, which consents were previously filed in redacted form.


1.	Samantha	Roberts
2.	Robert	Goodwin
3.	Justin	Klaas
4.	Vanessa Aileene	Smith
5.	Barbi	Rossi
6.	Richard	Buznego
7.	Stephanie	Escobar

8.	Tamara	Martina
9.	Deborah	Brewer
10.	Emily	Chen
11.	Caroline	Clements
12.	Adam	Friedlander
13.	Shannon	Garrett
14.	Alex	Golubski
15.	Sarah	Kissam
16.	Maria	Lombardi
17.	Kristine	Lovell
18.	Justin	Pietsch
19.	Jay	Richardson
20.	Lauren	Somppi
21.	Christina	Tonian
22.	Sophia	Valdivia
23.	Amanda	Myers
24.	Danielle	Archibee
25.	Kevin	Emerson
26.	Jacquelyn	Johnston
27.	Michelle	Whitaker
28.	Alyssa	Baccicheti
29.	Kyle	Gibson
30.	Nina	Kirkpatrick
31.	Nicole	Simonds
32.	Adrienne	Hart
33.	Sarah	Opatz
34.	Danielle	Lattimore
35.	Justin	Ryan
36.	Lacei	Bixby
37.	Abbey	Blocker
38.	Jeremy	Plante
39.	Chanel	Castaneda
40.	Sydney	Mulholland
41.	Paige	Smith
42.	Nicholas	Arnold

43.	Thomas	Bower
44.	Andrea	Conrad
45.	Emilia	Howard
46.	Chris	Martin
47.	Fatima	Bayonito
48.	Meghan	Messner
49.	Robyn	Stenner
50.	Michele	Francisco
51.	Erica	Wolf
52.	Sarah	Bronson
53.	Julia	Priore
54.	Jaydee	Devine
55.	Allyson	Awasthi
56.	Brad	Pacheco
57.	Megan	Fraser
58.	Naomi	Ryan
59.	Sarah	Gillmarten
60.	Matthew	Lybarger
61.	Paula	Pokusa
62.	Sean	Reilly
63.	Stephanie	Kor
64.	Rhiannon	Leyba
65.	Jillian	Swain
66.	Michelle	Otero
67.	Lorie Anne	Reyes
68.	Ethan	Moya
69.	Medinilla	Soares
70.	Mandi	Woupes
71.	Ryan	Moore
72.	Laura	Reed
73.	Tyler	Scott
74.	Joshua	Allison
75.	Alyson	Fox
76.	Garrett	McGraw
77.	Savannah	Johnson

78.	Matthew	Schachtebech
79.	Gillian	Way
80.	Cole	Higginbotham
81.	Luke	Best
82.	Antonella	Durantine
83.	Britini	Frey
84.	Monica	Garza
85.	Sinat	Giwa
86.	Stephanie	LeoGrande
87.	Jeremy	Majors
88.	Mia	Shurden
89.	Abigail	Taylor
90.	Jennifer	Zito

Dated: December 1, 2014

By 
Seth R. Lesser

Fran Rudich
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Facsimile: (914) 934- 9220

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Attorneys for the Plaintiffs

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on December 1, 2014 the foregoing was electronically filed with the Clerk of the Court using the CM/ECF system which sent notification of such filing to all counsel of record.

/s/ Fran L. Rudich

Attorneys for the Plaintiffs

EXHIBIT A

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

SAMANTHA ROBERTS

Consent Form Number: 1001108

Control Number: 3066617967

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

/s/ SAMANTHA ROBERTS
Signature

8/24/2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

ROBERT GOODWIN

Consent Form Number: 1000468

Control Number: 0046745331

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

/s/ ROBERT GOODWIN _____
Signature

8/26/2014 _____
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF _____

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

JUSTIN KLAAS

Consent Form Number: 1000681

Control Number: 0253199064

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

/s/ JUSTIN KLAAS _____
Signature

8/26/2014 _____
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF _____

McEarchen et al. v. Urban Outfitters, Inc.
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P.O. Box 9349
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Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

UBO



UBO0200123611



VANESSA SMITH
12069 W. SILVERKING CT.
BOISE, ID 83709



Consent Form Number: 1001237

Control Number: 1318822767



CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

VANESSA AILEENE SMITH
Please print your name legibly

Vanessa Aileen Smith
Signature

August 26, 2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

SMITH

FIRST NAME (CLAIMANT)

VANESSA AILEENE

Address Line 1

12069 W SILVERKING CT

Address Line 2 (If Applicable)

City

BOISE

State

ID

Zip

83709

Telephone Number (Home)

208-863-6153

Telephone Number (Cell)

208-863-6153

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

VANESSA AILEENESMITH@YAHOO.COM

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
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 Fax: 1(844) 553-1309

UBO



UBO0200112844



BARBI ROSSI
 254 E MARSHALL ST
 FERNDALE, MI 48220 2525



Consent Form Number: 1001129

Control Number: 3027029042

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Barbi Rossi
 Please print your name legibly

Barbi Rossi
 Signature

8/25/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Rossi

FIRST NAME (CLAIMANT)

Barbi

Address Line 1

36981 Greenbush

Address Line 2 (If Applicable)

City

Wayne

State

MI

Zip

48184

Telephone Number (Home)

312-493-0280

Telephone Number (Cell)

312-493-0280

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

brossi1980@gmail.com

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c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
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Fax: 1(844) 553-1309

UBO



UBO0200016717



RICHARD BUZNEGO
6111 SW 92 COURT
MIAMI, FL 33173



Consent Form Number: 1000168

Control Number: 0243918996

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Richard Buznego

Please print your name legibly

Signature

8/27/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Buznego

FIRST NAME (CLAIMANT)

Richard

Address Line 1

5040 S.W. 69th Avenue

Address Line 2 (If Applicable)

City

Miami

State

FL

Zip

33155

Telephone Number (Home)

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805-495-1774

Email Address

(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

richardblackbus@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
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 Fax: 1(844) 553-1309

UBO



UBO0200035147



STEPHANIE ESCOBAR
 2121 S. JOSEPHINE STREET
 UNIT 6
 DENVER, CO 80210



Consent Form Number: 1000352

Control Number: 0017716742

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

STEPHANIE ESCOBAR

Please print your name legibly

Signature

8.25.2014

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

ESCOBAR

FIRST NAME (CLAIMANT)

STEPHANIE

Address Line 1

2121 S. JOSEPHINE STREET UNIT 6

Address Line 2 (If Applicable)

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DENVER

State

CO

Zip

80210

Telephone Number (Home)

317-646-4098

Telephone Number (Cell)

317-646-4098

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

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 Fax: 1(844) 553-1309

UBO



UBO0200082774



TAMARA MARTINA
 1698 BRIGHTON AVE
 # A
 GROVER BEACH, CA 93433 1812



Consent Form Number: 1000828

Control Number: 3152027833

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Tamara martina

Please print your name legibly

Tamara

Signature

08/25/2014

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

MARTINA

FIRST NAME (CLAIMANT)

TAMARA

Address Line 1

1698 BRIGHTON AVE APT. A

Address Line 2 (If Applicable)

City

GROVER BEACH

State

CA

Zip

93433

Telephone Number (Home)

805-904-5862

Telephone Number (Cell)

805-904-5862

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

TAMARAMARTINA21@GMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.
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P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

DEBORAH BREWER

Consent Form Number: 1000134

Control Number: 0005140514

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

/s/ DEBORAH BREWER
Signature

9/1/2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
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 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200021276



EMILY CHEN
 316 HIMROD STREET
 #410
 BROOKLYN, NY 11237

Consent Form Number: 1000213

Control Number: 0010832728

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

EMILY CHEN
 Please print your name legibly

Emily Chen
 Signature

08.26.14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT

LAST NAME (CLAIMANT)

CHEN

FIRST NAME (CLAIMANT)

EMILY

Address Line 1

316 HIMROD ST #410

Address Line 2 (If Applicable)

City

BROOKLYN

State

NY

Zip

11237

Telephone Number (Home)

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402-640-7246

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

EMOLEECHEN@GMAIL.COM

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UBO



UBO0200022828



CAROLINE CLEMENTS
 11336 HUSTON ST
 N HOLLYWOOD, CA 91601 4412



Consent Form Number: 1000229

Control Number: 0292313354

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Caroline Clements

Please print your name legibly

Signature

Date

8/26/14

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

CLEMENTS

FIRST NAME (CLAIMANT)

CAROLINE

Address Line 1

11336 HUSTON STREET

Address Line 2 (If Applicable)

City

N HOLLYWOOD

State

CA

Zip

91601

Telephone Number (Home)

Telephone Number (Cell)

781-267-4064

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

carolineclements54@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200043683



SHANNON GARRETT
 68 HART STREET
 APT 3
 BROOKLYN, NY 11206

Consent Form Number: 1000437

Control Number: 0847131421

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Shannon Garrett
 Please print your name legibly

Signature

8/28/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Garrett

FIRST NAME (CLAIMANT)

Shannon

Address Line 1

68 Hart St.

Address Line 2 (If Applicable)

Ap 3

City

Brooklyn

State

NY

Zip

11206

Telephone Number (Home)

Telephone Number (Cell)

803-493-7216

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Shannonmackmack@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200076275



MARIA LOMBARDI
 18 POWERS STREET
 DEDHAM, MA 02026



Consent Form Number: 1000763

Control Number: 0002611344

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Maria Lombardi
 Please print your name legibly

Maria Lombardi
 Signature

8/26/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Lombardi

FIRST NAME (CLAIMANT)

Maria

Address Line 1

18 Powers Street

Address Line 2 (If Applicable)

City

Dedham

State

MA

Zip

02026

Telephone Number (Home)

781-320-8564

Telephone Number (Cell)

617-894-0957

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

m.lombardi6293@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

JUSTIN PIETSCH

Consent Form Number: 1001034

Control Number: 0311446971

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

/s/ JUSTIN PIETSCH
Signature

9/2/2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200109255



JAY RICHARDSON
 3359 BRYAN AVENUE
 SIMI VALLEY, CA 93063

Consent Form Number: 1001093

Control Number: 1380012396

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Jay Richardson

Please print your name legibly

[Signature]

Signature

9/27/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Richardson

FIRST NAME (CLAIMANT)

Jay

Address Line 1

3359 Bryan Avenue

Address Line 2 (If Applicable)

City

Simi Valley

State

CA

Zip

93063

Telephone Number (Home)

805-551-0365

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Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

crashedbystereo@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
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 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200124387



LAUREN SOMPPPI
 688 MORRO STREET
 SAN LUIS OBISPO, CA 93401



Consent Form Number: 1001244

Control Number: 3002227470

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Lauren Somppi

Please print your name legibly

Lauren Somppi

Signature

8/25/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

SOMPPPI

FIRST NAME (CLAIMANT)

LAUREN

Address Line 1

688 MORRO STREET

Address Line 2 (If Applicable)

City

SAN LUIS OBISPO

State

CA

Zip

93401

Telephone Number (Home)

Telephone Number (Cell)

805-704-9137

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

lauren.somppi@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200077827



KRISTINE LOVELL
 6044 CHAMPIONS CREST
 CHARLOTTE, NC 28269



Consent Form Number: 1000779

Control Number: 1239525463

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Kristine Lovell
 Please print your name legibly

Kristine Lovell
 Signature

08/28/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

LOVELL

FIRST NAME (CLAIMANT)

KRISTINE

Address Line 1

6044 Champions Crest Drive

Address Line 2 (If Applicable)

City

Charlotte

State

NC

Zip

28269

Telephone Number (Home)

Telephone Number (Cell)

912-508-1064

Email Address

(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

KNLOVELL88@gmail.com

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 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
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UBO



UBO0200045817



ALEX GOLUBSKI
 2234 CROSS CREEK CT
 SOUTH BEND, IN 46628



Consent Form Number: 1000459

Control Number: 1864728938

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Alex Golubski

Please print your name legibly

Alex Golubski

Signature

8-28-14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT

LAST NAME (CLAIMANT)

GOLUBSKI

FIRST NAME (CLAIMANT)

ALEX

Address Line 1

2234 CROSS CREEK CT

Address Line 2 (If Applicable)

City

SOUTH BEND

State

IN

Zip

46628

Telephone Number (Home)

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Telephone Number (Cell)

Email Address

(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Alexgolubski@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
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 Fax: 1(844) 553-1309

UBO



UBO0200133311



CHRISTINA TONIAN
 178 BROAD ST
 APT D
 CHARLESTON, SC 29401 2455

Consent Form Number: 1001334

Control Number: 0018354169

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Christina Tonian
 Please print your name legibly

Christina Tonian
 Signature

8/23/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

TONIAN

FIRST NAME (CLAIMANT)

CHRISTINA

Address Line 1

178 BROAD ST

Address Line 2 (If Applicable)

APT D

City

CHARLESTON

State

SC

Zip

29401

Telephone Number (Home)

214-680-7385

Telephone Number (Cell)

214-680-7385

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

ctonian@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
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 P.O. Box 9349
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 Fax: 1(844) 553-1309

UBO



UBO0200003331



DANIELLE ARCHIBEE
 1035 SANDERS STREET
 APT 217
 INDIANAPOLIS, IN 46203



Consent Form Number: 1000034

Control Number: 1272910325

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

DANIELLE ARCHIBEE

Please print your name legibly

Signature
AUGUST 29 2014

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

ARCHIBEE

FIRST NAME (CLAIMANT)

DANIELLE

Address Line 1

1035 SANDERS STREET

Address Line 2 (If Applicable)

APT 217

City

INDIANAPOLIS

State

IN

Zip

46203

Telephone Number (Home)

317-443-6410

Telephone Number (Cell)

317-443-6410

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

DANO.ARCHIBEE@GMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200034953



KEVIN EMERSON
 92 LYNNWOOD LN
 WORCESTER, MA 01609 1119



Consent Form Number: 1000350

Control Number: 0250476439

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Kevin M Emerson Kevin M Emerson 8-28-14
 Please print your name legibly Signature Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

EMERSON

FIRST NAME (CLAIMANT)

KEVIN

Address Line 1

18 DICK DRIVE

Address Line 2 (If Applicable)

City

Worcester

State

MA

Zip

01609

Telephone Number (Home)

- - - - -

Telephone Number (Cell)

413 - 328 - 0640

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

chipemerson@bov+100k.com

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 P.O. Box 9349
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UBO



UBO0200062404



JACQUELYN JOHNSTON
 10840 KELL AVE S.
 BLOOMINGTON, MN 55437



Consent Form Number: 1000625

Control Number: 0304921137

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Jacquelyn Johnston
 Please print your name legibly

[Signature]
 Signature

8/30/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

JOHNSTON

FIRST NAME (CLAIMANT)

JACQUELYN

Address Line 1

10840 KELL AVENUE SOUTH

Address Line 2 (If Applicable)

City

BLOOMINGTON

State

MN

Zip

55437

Telephone Number (Home)

Telephone Number (Cell)

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Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

JACKIECHAN217@HOTMAIL.COM

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 Fax: 1(844) 553-1309

UBO



UBO0200094123



AMANDA MYERS
 311 JOPPA CROSSING COURT
 JOPPA, MD 21085



Consent Form Number: 1000942

Control Number: 0008235916

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Amanda Myers
 Please print your name legibly

[Signature]
 Signature

9/11/2014
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

MYERS

FIRST NAME (CLAIMANT)

AMANDA

Address Line 1

9817 GUNFORGE ROAD

Address Line 2 (If Applicable)

City

PERRY HALL

State

MD

Zip

21128

Telephone Number (Home)

Telephone Number (Cell)

410-322-9767

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

MANDAJANEM@GMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.
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UBO



UBO0200141847



MICHELLE WHITAKER
 85 BEECKMAN AVE
 CRANSTON, RI 02920 4444



Consent Form Number: 1001419

Control Number: 2481824628

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Michelle Whitaker
 Please print your name legibly

Michelle Whitaker
 Signature

8-27-2014
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF - maiden lastname - Langlois

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

WHITAKER

FIRST NAME (CLAIMANT)

MICHELLE

Address Line 1

85 BEECKMAN AVE

Address Line 2 (If Applicable)

City

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State

RI

Zip

02920

Telephone Number (Home)

401-463-7422

Telephone Number (Cell)

714-917-7146

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200067836



NINA KIRKPATRICK
 710 MARIGNY ST
 NEW ORLEANS, LA 70117 8524



Consent Form Number: 1000679

Control Number: 2249125700

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

NINA KIRKPATRICK

Signature

Date

9/4/14

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

KIRKPATRICK

FIRST NAME (CLAIMANT)

NINA

Address Line 1

537 OCTAVIA STREET

Address Line 2 (If Applicable)

NEW ORLEANS

City

NEW ORLEANS

State

LA

Zip

70115

Telephone Number (Home)

443-683-5169

Telephone Number (Cell)

443-683-5169

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

nina.irene.kirkpatrick@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200121380



NICOLE SIMONDS
 5353 BALTIMORE DR
 #82
 LA MESA, CA 91942



Consent Form Number: 1001214

Control Number: 1818328008

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Nicole Marie Simonds

[Signature]

9/3/14

Please print your name legibly

Signature

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

SIMONDS

FIRST NAME (CLAIMANT)

NICOLE

Address Line 1

5353 BALTIMORE DRIVE #82

Address Line 2 (If Applicable)

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LA MESA

State

CA

Zip

91942

Telephone Number (Home)

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NICOLESIMONDS.SINMAN@GMAIL.COM



McEarchen et al. v. Urban Outfitters, Inc.
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 Dublin, OH 43017-4249
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 Fax: 1(844) 553-1309

UBO



UBO0200052122



ADRIENNE HART
 509 WILLIAM STREET
 TRENTON, NJ 08610



Consent Form Number: 1000522

Control Number: 1203331392

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Adrienne Hart
 Please print your name legibly

Signature

Date

9/2/2014

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Hart

FIRST NAME (CLAIMANT)

Adrienne

Address Line 1

509 William Street

Address Line 2 (If Applicable)

City

TRENTON

State

NJ

Zip

08610

Telephone Number (Home)

Telephone Number (Cell)

484-948-5794

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

addy.blank.hart@gmail.com



McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200098682



SARAH OPATZ
 5303 W PORTAGE AVE
 MILWAUKEE, WI 53223 4828



Consent Form Number: 1000987

Control Number: 0444831045

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Sarah Opatz
 Please print your name legibly

Signature

Date

9/1/14

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

OPATZ

FIRST NAME (CLAIMANT)

SARAH

Address Line 1

5303 W PORTAGE AVE

Address Line 2 (If Applicable)

City

MILWAUKEE

State

WI

Zip

53223

Telephone Number (Home)

Telephone Number (Cell)

262-497-7947

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Opatz.sarah@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
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 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200135445



SOPHIA VALDIVIA
 136 CHARLES ST
 MOORPARK, CA 93021 1207



Consent Form Number: 1001355

Control Number: 0002492776

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Sophia Valdivia
 Please print your name legibly

[Signature]
 Signature

8/26/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Valdivia

FIRST NAME (CLAIMANT)

Sophia

Address Line 1

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Address Line 2 (If Applicable)

City

Moorpark

State

CA

Zip

93021

Telephone Number (Home)

805-298-2861

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200011285



ABBEY BLOCKER
 111 E FRANKLIN AVE
 MINNEAPOLIS, MN 55404



Consent Form Number: 1000113

Control Number: 0308347262

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Abbey Blocker

Please print your name legibly

[Signature]

Signature

9.4.14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

BLOCKER

FIRST NAME (CLAIMANT)

ABBEY

Address Line 1

111 E FRANKLIN AVE #109

Address Line 2 (If Applicable)

City

MINNEAPOLIS

State

MN

Zip

55404

Telephone Number (Home)

651-334-2500

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

blockera318@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
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 Fax: 1(844) 553-1309

UBO



UBO0200040967



ADAM FRIEDLANDER
 4555 SYLMAR AVE
 APT 112
 SHERMAN OAKS, CA 90046

Consent Form Number: 1000410

Control Number: 0740330560

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Adam Friedlander

Please print your name legibly

Signature

Date

8/22/14

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

FRIEDLANDER

FIRST NAME (CLAIMANT)

ADAM

Address Line 1

4555 SYLMAR AVE

Address Line 2 (If Applicable)

APT 112

City

SHERMAN OAKS

State

CA

Zip

91423

Telephone Number (Home)

818-384-2580

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afriedlander85@gmail.com

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UBO



UBO0200004980



ALYSSA BACCICHETI
 2730 MISTY OAKS CIRCLE
 ROYAL PALM BEACH, FL 33411



Consent Form Number: 1000050

Control Number: 2394928510

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

ALYSSA BACCICHETI
 Please print your name legibly

Alyssa Baccichetti
 Signature

9/8/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Baccichetti

FIRST NAME (CLAIMANT)

ALYSSA

Address Line 1

2730 MISTY OAKS Circle

Address Line 2 (If Applicable)

City

Royal Palm Beach

State FL

Zip 33411

Telephone Number (Home)

561-602-7414

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

alyssabacci@gmail.com

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 Fax: 1(844) 553-1309

UBO



UBO0200071910



DANIELLE LATTIMORE
 246 HUNTINGTON LANE
 EASTON, PA 18040



Consent Form Number: 1000720

Control Number: 0259431988

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Danielle Lattimore
 Please print your name legibly

Dan Latti
 Signature

9/3/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.**LAST NAME (CLAIMANT)**

L a t t i m o r e

FIRST NAME (CLAIMANT)

D a n i e l l e

Address Line 1

2 4 6 H u n t i n g t o n L n

Address Line 2 (If Applicable)**City**

E a s t o n

State

P A

Zip

1 8 0 4 0

Telephone Number (Home)

6 1 0 - 5 7 0 - 6 6 0 9

Telephone Number (Cell)**Email Address** (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

d a n i e l l e b l a t t i m o r e @ g m a i l . c o m

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200114590



JUSTIN RYAN
 213 CLINTON HEIGHTS AVE
 COLUMBUS, OH 43202

Consent Form Number: 1001146

Control Number: 2089927143

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Justin Ryan
 Please print your name legibly

Signature

9/9/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Ryan

FIRST NAME (CLAIMANT)

Justin

Address Line 1

213 Clinton Heights Ave

Address Line 2 (If Applicable)

City

Columbus

State

OH

Zip

43202

Telephone Number (Home)

740-405-0261

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

JustinRyan1014@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

UBO



UBO0200122641



PAIGE SMITH



Consent Form Number: 1001227

Control Number: 0625614806

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Paige Smith
Please print your name legibly

Paige Smith
Signature

9/14/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

S M I T H

FIRST NAME (CLAIMANT)

P A I G E

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO

UBO0200105375



JULIA PRIORE
 1632 N LEAVITT ST.
 APT 2
 CHICAGO, IL 60647



Consent Form Number: 1001054

Control Number: 2606127851

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

JULIA PRIORE

Please print your name legibly

Signature

9/22/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

PRIORE

FIRST NAME (CLAIMANT)

JULIA

Address Line 1

1632 N LEAVITT ST

Address Line 2 (If Applicable)

#2

City

CHICAGO

State

IL

Zip

60647

Telephone Number (Home)

312-375-3410

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200044847



KYLE GIBSON
 2319 N KEDZIE BLVD
 APT 2R
 CHICAGO, IL 60647 2527



Consent Form Number: 1000449

Control Number: 0386316571

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Kyle Gibson
 Please print your name legibly

Signature

09/02/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Gibson

FIRST NAME (CLAIMANT)

Kyle

Address Line 1

2948 N. Albany

Address Line 2 (If Applicable)

Apt. 1E

City

Chicago

State

IL

Zip

60618

Telephone Number (Home)

768-305-4572

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

kylegibson01@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200024671



ANDREA CONRAD
 802 18TH ST
 SANTA MONICA, CA 90403 1904



Consent Form Number: 1000247

Control Number: 3109431070

**CONSENT-TO-BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Andrea Conrad
 Please print your name legibly

[Signature]
 Signature

8.26.14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

CONRAD

FIRST NAME (CLAIMANT)

ANDREA

Address Line 1

802 18th St

Address Line 2 (If Applicable)

City

Santa Monica

State

CA

Zip

90403

Telephone Number (Home)

Telephone Number (Cell)

805-458-0056

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

AraKalia1020@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200088691



MEGHAN MESSNER
 870 38TH AVE
 SAN FRANCISCO, CA 94121



Consent Form Number: 1000887

Control Number: 0108576745

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Meghan Messner
 Please print your name legibly

[Signature]
 Signature

09.10.14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

M E S S N E R

FIRST NAME (CLAIMANT)

M E G H A N

Address Line 1

8 7 0 3 8 T H A V E N U E

Address Line 2 (If Applicable)

City

S A N F R A N C I S C O

State

C A

Zip

9 4 1 2 1

Telephone Number (Home)

5 7 0 - 7 7 8 - 4 1 7 9

Telephone Number (Cell)

5 7 0 - 7 7 8 - 4 1 7 9

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

M E G H A N . M E S S N E R @ G M A I L . C O M

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200003719



NICHOLAS ARNOLD
 5901 E 13TH AVE
 DENVER, CO 80220 2632

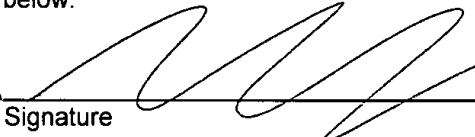


Consent Form Number: 1000038

Control Number: 1986011464

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Nicholas Myles-Fortino Arnold  9.16.14
 Please print your name legibly Signature Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Arnold

FIRST NAME (CLAIMANT)

Nicholas

Address Line 1

5901 E 13th AVE

Address Line 2 (If Applicable)

City

Denver

State

CO

Zip

80220

Telephone Number (Home)

248 - 255 - 2176

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

NicholasMFArno1@gmail.com

McEwen and ALV. Urban Outfitters, Inc.

c/o CCC

P.O. Box 4240

Dublin, OH 43017-4240

Telephone: (600) 231-1315

Fax: (604) 253-1000

UBO



12/01/14-1111

PAULA POKUSA
2518 WILLOW LANE
COSTA MESA, CA 92627

Consent Form Number: 1081016

Consent Number: 15670001

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and county based in the Colorado state court against Patco and Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court whether favorable or unfavorable. I shall hereby designate Plaintiff's counsel to represent me in the suit and to make decisions on my behalf concerning the UBO and defendants or I have retained counsel to represent me or the suit or will represent myself, as indicated below:

Paula Pokusa

Please print your name legibly

Signed

10/7/14

Date

Please indicate the nature of your answer if you will be represented by someone other than I representing yourself, please indicate: SELF

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT

LAST NAME (CLAIMANT)

POKUSA

FIRST NAME (CLAIMANT)

PAULA

Address Line 1

2518 WILLOW LANE

Address Line 2 (if Applicable)

City

COSTA MESA

State

CA

Zip

92627

Telephone Number (Home)

949-554-4954

Telephone Number (Cell)

Consent Address: Consent address is for contact only and does not constitute an address for service of process. The County of Orange is hereby notified of the filing of this case and the filing of this case.

PAULA POKUSA SYNDICATED CO. INC.

QUESTIONS? VISIT WWW.ECONOMICFOUNDALES.COM OR CALL TOLL FREE AT 1-800-231-1013

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4248
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

UBO

U300200099361



BRAD PACHECO
11763 VILLAGE ARBOR ST
LAS VEGAS, NV 89183



Consent Form Number: 1000994

Control Number: 0274191982

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Brad Pacheco

Please print your name legibly

[Signature]

Signature

8/27/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF").

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.			
LAST NAME (CLAIMANT)		FIRST NAME (CLAIMANT)	
Pacheco		Brad	
Address Line 1			
1202 E MARCO POLO RD			
Address Line 2 (If Applicable)			
City		State	Zip
Phoenix		AZ	85024
Telephone Number (Home)		Telephone Number (Cell)	
928-234-1208		928-234-1208	
Email Address: <small>Do not use a non-regular email address if you authorize the Claims Administrator to use it in providing you with information related to this claim.</small>			
bradlypee@gmail.com			

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200004689



ALLYSON AWASTHI
 6183-2 RIVERWALK LANE
 JUPITER, FL 33458



Consent Form Number: 1000047

Control Number: 1238519921

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

ALLYSON AWASTHI

Please print your name legibly

ALLYSON AWASTHI

Signature

9/29/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

AWASTHI

FIRST NAME (CLAIMANT)

ALLYSON

Address Line 1

343 COUNTRY CLUB DR

Address Line 2 (If Applicable)

City

TED VESTA

State

FL

Zip

33409

Telephone Number (Home)

561-748-3260

Telephone Number (Cell)

561-427-3408

Email Address: (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

allysonawasthi@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200040094



MEGAN FRASER
 2100 CAVANAUGH AVE
 ATLANTA, GA 30316



Consent Form Number: 1000401

Control Number: 1539918439

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Megan Fraser
 Please print your name legibly

[Signature]
 Signature

9/27/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Fraser

FIRST NAME (CLAIMANT)

Megan

Address Line 1

2100 Cavanaugh Ave SE

Address Line 2 (If Applicable)

City

Atlanta

State

GA

Zip

30316

Telephone Number (Home)

Telephone Number (Cell)

505-478-9826

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

FraserMegan1986@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200014001



SARAH BRONSON
 1902 MARS RUN RD
 ESSEX, MD 21221



Consent Form Number: 1000141

Control Number: 1377620952

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Sarah Bronson

Please print your name legibly

[Signature]
 Signature

09.19.14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

BRONSON

FIRST NAME (CLAIMANT)

SARAH

Address Line 1

1902 MARS RUN RD

Address Line 2 (If Applicable)

City

ESSEX

State

MD

Zip

21221

Telephone Number (Home)

443-231-8638

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

BRONSON.SARAH@GMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200103920



JEREMY PLANTE
1575 BRENTWOOD DR
TROY, MI 48098



Consent Form Number: 1001040

Control Number: 2942210169

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Jeremy Plante
Please print your name legibly

Jeremy Plante
Signature

9/11/14
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Plante

FIRST NAME (CLAIMANT)

Jeremy

Address Line 1

2311 E. Holly Road

Address Line 2 (If Applicable)

Apt. # 02

City

Lansing

State

Zip

Telephone Number (Home)

248-515-7687

Telephone Number (Cell)

248-515-7687

Email Address

(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

plant1j@cmich.edu

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200093250



SYDNEY MULHOLLAND
 5252 S. IRELAND WAY
 CENTENNIAL, CO 80015



Consent Form Number: 1000933

Control Number: 0284321872

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Sydney Mulholland
 Please print your name legibly

Signature

Date

09/12/14

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

MULHOLLAND

FIRST NAME (CLAIMANT)

SYDNEY

Address Line 1

5252 S. IRELAND WAY

Address Line 2 (If Applicable)

City

CENTENNIAL

State

CO

Zip

80015

Telephone Number (Home)

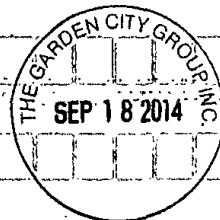
- - - - -

Telephone Number (Cell)

720 - 201 - 9084

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

syd.mulholland@gmail.com



McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200082580



CHRIS MARTIN
 7199 SW SAGERT ST
 UNIT 103
 TUALATIN, OR 97062 8315



Consent Form Number: 1000826

Control Number: 0005347254

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Chris Martin

Please print your name legibly

Chris Martin

Signature

9/10/15

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

MARTIN

FIRST NAME (CLAIMANT)

CHRIS

Address Line 1

7199 SW SAGERT ST #103

Address Line 2 (If Applicable)

City

TUALATIN

State

OR

Zip

97062

Telephone Number (Home)

503-573-7015

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

CHRIS.MARTIN107@GMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200079961



MATTHEW LYBARGER
 9631 WYMAN WAY
 SPRING VALLEY, CA 91977



Consent Form Number: 1000800

Control Number: 2724319926

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Matthew LYBARGER

Please print your name legibly

Signature

Date

9/22/14

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

LYBARGER

FIRST NAME (CLAIMANT)

MATTHEW

Address Line 1

9631 WYMAN WAY

Address Line 2 (If Applicable)

City

SPRING VALLEY

State

CA

Zip

91977

Telephone Number (Home)

619-890-3676

Telephone Number (Cell)

 - -

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

MatthewLybarger@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200129237



JILLIAN SWAIN
 211 FRONT STREET
 APT. 3
 FIELDSBORO, NJ 08505



Consent Form Number: 1001293

Control Number: 2558023079

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Jillian Swain
 Please print your name legibly

Jillian Swain
 Signature

2 Oct 2014
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Swain

FIRST NAME (CLAIMANT)

Jillian

Address Line 1

211 Front St

Address Line 2 (If Applicable)

#3

City

Fieldsboro

State

NJ

Zip

08505

Telephone Number (Home)

-

Telephone Number (Cell)

609-751-2079

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

JL Swain88@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 8349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1816
Fax: 1(844) 553-1309

UBO



UB00200109182



SEAN REILLY
8357 E OAK ST
SCOTTSDALE, AZ 85257

Consent Form Number: 1001082

Control Number: 2344023391



CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiff's counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or, I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Sean Reilly

Please print your name legibly

[Signature]

Signature

10/7/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF")

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Reilly

FIRST NAME (CLAIMANT)

Sean

Address Line 1

8357 E OAK ST

Address Line 2 (P.O. Box)

CITY

SCOTTSDALE

State

AZ

Zip

85257

Telephone Number (Home)

480-231-1816

Telephone Number (Cell)

480-231-1816

Email Address (Please print name and email address. Do not include any other identifying information.)

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200007017



FATIMA BAYONITO
825 CASANOVA AVE #4
MONTEREY, CA 93940



Consent Form Number: 1000071

Control Number: 0457018628

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

FATIMA R BAYONITO

Please print your name legibly

Signature

9-16-2014

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

BAYONITO

FIRST NAME (CLAIMANT)

FATIMA

Address Line 1

825 CASANOVA AVE

Address Line 2 (If Applicable)

APT 4

City

MONTEREY

State

CA

Zip

93940

Telephone Number (Home)

- - - - -

Telephone Number (Cell)

831-521-4880

Email Address

(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

YHMA@HOTMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
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 Fax: 1(844) 553-1309

UBO



UBO0200074432



RHIANNON LEYBA
 9002 CHIMENYWOOD
 ROWLETT, TX 75089



Consent Form Number: 1000745

Control Number: 0521027409

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Rhiannon M. Leyba
 Please print your name legibly

[Signature]
 Signature

10-6-14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Leyba

FIRST NAME (CLAIMANT)

Rhiannon

Address Line 1

9002 Chimneywood Dr

Address Line 2 (If Applicable)

City

Rowlett

State

Tx

Zip

75089

Telephone Number (Home)

972-455-8554

Telephone Number (Cell)

214-207-7279

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

rhiannon.leyba@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200126521



ROBYN STENNER
 1623 W. BELMONT AVE.
 APT. J4
 CHICAGO, IL 60657



Consent Form Number: 1001266

Control Number: 2533722511

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Robyn M. Stenner
 Please print your name legibly

[Signature]
 Signature

9/16/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

STENNER

FIRST NAME (CLAIMANT)

ROBYN

Address Line 1

1623 W. BELMONT AVE. APT. J4

Address Line 2 (If Applicable)

CHICAGO

City

CHICAGO

State

IL

Zip

60657

Telephone Number (Home)

773 - 656 - 9553

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

robystenner@yahoo.com

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

THOMAS BOWER

Consent Form Number: 1000128

Control Number: 0262484754

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

/s/ THOMAS BOWER
Signature

9/19/2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200099070



MICHELLE OTERO
 28 WALNUT ST
 # 2
 EVERETT, MA 02149 2349

Consent Form Number: 1000991

Control Number: 0181945668

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Michelle Otero
 Please print your name legibly

M Otero
 Signature

9/26/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

OTERO

FIRST NAME (CLAIMANT)

MICHELLE

Address Line 1

28 Walnut St

Address Line 2 (If Applicable)

2

City

Everett

State

MA

Zip

02149

Telephone Number (Home)

Telephone Number (Cell)

Email Address

(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

MLOTERO54X@yahoo.com

McEarchard et al v. Urban Outfitters, Inc.

Job GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: (614) 231-1815
Fax: (614) 659-1300

UBO



STEPHANIE KIRK
1243 MAINE AVENUE
LONG BEACH, CA 90806



Control Form Number: 1000000

Control Number: 13-000000

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of cases in my name and on my behalf in this court and action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any judgment or decision of the court, whether favorable or unfavorable, and agree to pay any costs, fees, and charges assessed against me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or any related matter, as indicated below.

Stephanie Kirk
Please print your name clearly

[Signature]
Signature

9/2/14
Date

Please indicate the nature of your contact if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF")

self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)
KIRK

FIRST NAME (CLAIMANT)
STEPHANIE

Address Line 1
3243 MAINE AVE

Address Line 2 (if applicable)

City
Long Beach

State
CA

Zip
90806

Telephone Number (Home)
562-673-7810

Telephone Number (Cell)

Email Address
stephdonstop@yahoo.com

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200019724



CHANEL CASTANEDA
2829 MARTHA AVE.
TORRANCE, CA 90501



Consent Form Number: 1000198

Control Number: 1572924509

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

CHANEL CASTANEDA

Signature

SEPTEMBER 12, 2014

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

CASTANEDA

FIRST NAME (CLAIMANT)

CHANEL

Address Line 1

2829 MARTHA AVE

Address Line 2 (If Applicable)

City

TORRANCE

State

CA

Zip

90501

Telephone Number (Home)

- - - - -

Telephone Number (Cell)

(310) - 951 - 6462

Email Address

(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

l + t l e chanel c@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200108673



LORIE REYES
 2382 BOWERS AVE.
 SANTA CLARA, CA 95051



Consent Form Number: 1001087

Control Number: 1767920481

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Lorie Anne Lactoven Reyes

Please print your name legibly

Signature

Date

10/8/14

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

REYES

FIRST NAME (CLAIMANT)

LORIE ANNE

Address Line 1

1124 Prague Street

Address Line 2 (If Applicable)

City

San Francisco

State

CA

Zip

94112

Telephone Number (Home)

Telephone Number (Cell)

408-476-5934

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

loh.ree.belle@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200114396



NAOMI RYAN
 823 ARKANSAS STREET
 LAWRENCE, KS 66044



Consent Form Number: 1001144

Control Number: 1110513450

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Naomi Ryan

10-5-14

Please print your name legibly

Signature

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF").

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

RYAN

FIRST NAME (CLAIMANT)

NAOMI

Address Line 1

823 ARKANSAS

Address Line 2 (If Applicable)

City

LAWRENCE

State

KS

Zip

66044

Telephone Number (Home)

785-764-0843

Telephone Number (Cell)

785-764-0843

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

NOMIMARKS@YAHOO.COM

QUESTIONS? VISIT WWW.GCGINC.COM/CASES/INFO/URBANOUTFITTERS OR CALL TOLL FREE AT 1(800) 231-1815

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200030491



JAYDEE DEVINE
14 WHITMORE PL
APT 23
OAKLAND, CA 94611



Consent Form Number: 1000305

Control Number: 2342412985

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

JAYDEE ANNE DEVINE

Please print your name legibly


Signature

9/15

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

DEVINE

FIRST NAME (CLAIMANT)

JAYDEE

Address Line 1

14 WHITMORE PLACE APT 23

Address Line 2 (If Applicable)

City

OAKLAND

State

CA

Zip

94611

Telephone Number (Home)

- - - - -

Telephone Number (Cell)

831 - 227 - 0952

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

JAYDEEDEVINE@GMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

ETHAN MOYA

Consent Form Number: 1000928

Control Number: 2283316742

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

/s/ ETHAN MOYA
Signature

10/17/2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

RYAN MOORE

Consent Form Number: 1000912

Control Number: 2907717886

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

/s/ RYAN MOORE
Signature

10/19/2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200118179



TYLER SCOTT
 22030 2ND PL W
 BOTHELL, WA 98021



Consent Form Number: 1001182

Control Number: 1063220030

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

TYLER J SCOTT

Please print your name legibly

Signature

10/15/2014

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

SCOTT

FIRST NAME (CLAIMANT)

TYLER

Address Line 1

22030 2ND PL W

Address Line 2 (If Applicable)

City

BOTHELL

State

WA

Zip

98021

Telephone Number (Home)

206 - 715 - 3331

Telephone Number (Cell)

N/A

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

TYLERSCOTT783@GMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



U800200107606



LAURA REED
 5487 EDGECLIFF CIRCLE
 THOUSAND OAKS, CA 91362



Consent Form Number: 1001077

Control Number: 0008698550

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

LAURA REED
 Please print your name legibly

[Signature]
 Signature

10/16/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Reed

FIRST NAME (CLAIMANT)

LAURA

Address Line 1

5487 Edgecliff Circle

Address Line 2 (If Applicable)

City

Thousand Oaks

State

CA

Zip

91362

Telephone Number (Home)

818-874-0907

Telephone Number (Cell)

818-983-4044

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

lreed114@yahoo.com

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200067933



SARAH KISSAM
 2129 LA VETA DR NE
 ALBUQUERQUE, NM 87110 5133



Consent Form Number: 1000680

Control Number: 0029423397

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Sarah Kissam

Please print your name legibly

[Signature]

Signature

8/28/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT

LAST NAME (CLAIMANT)

KISSAM

FIRST NAME (CLAIMANT)

SARAH

Address Line 1

2129 LA VETA NE

Address Line 2 (If Applicable)

City

ALBUQUERQUE

State

NM

Zip

87110

Telephone Number (Home)

Telephone Number (Cell)

505-712-1050

Email Address

(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

SARAH.KISSAM@GMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200010800



LACEI BIXBY
 2800 S SYRACUSE WAY
 APT 4-302
 DENVER, CO 80231 4292



Consent Form Number: 1000109

Control Number: 1775229725

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

LACEI BIXBY
 Please print your name legibly

Lacei Bixby
 Signature

9/7/2014
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

BIXBY

FIRST NAME (CLAIMANT)

LACEI

Address Line 1

2800 S SYRACUSE WAY #4-302

Address Line 2 (If Applicable)

City

DENVER

State

CO

Zip

80231

Telephone Number (Home)

Telephone Number (Cell)

310-617-4365

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

LLBIXBY@YAHOO.COM

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200057360



EMILIA HOWARD
 425 NE 30TH ST. APT. 702
 MIAMI, FL 33137



Consent Form Number: 1000574

Control Number: 0221767017

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Emilia Howard
 Please print your name legibly

[Signature]
 Signature

9/9/2014
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

H O W A R D

FIRST NAME (CLAIMANT)

E M I L I A

Address Line 1

4 2 5 N E 3 0 t h s t . A p t . 7 0 2

Address Line 2 (If Applicable)

City

M i a m i

State

F L

Zip

3 3 1 3 7

Telephone Number (Home)

Telephone Number (Cell)

2 1 0 - 6 6 7 - 0 1 9 4

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

e m i l i a . h o w a r d @ g m a i l . c o m

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200039512



MICHELE FRANCISCO
 710 1/2 NORTH CAYUGA ST
 ITHACA, NY 14850



Consent Form Number: 1000396

Control Number: 0026108533

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Michele Francisco
 Please print your name legibly

[Signature]
 Signature

9/18/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Francisco

FIRST NAME (CLAIMANT)

Michele

Address Line 1

710 1/2 North Cayuga St

Address Line 2 (If Applicable)

City

Ithaca

State

ny

Zip

14850

Telephone Number (Home)

607 - 229 - 0568

Telephone Number (Cell)

607 - 229 - 0568

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

FRANCISCO.luna.m@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200143884



ERICA WOLF
 23 MONTROSE MANOR CT
 APT B
 CATONSVILLE, MD 21228 5012



Consent Form Number: 1001439

Control Number: 0189247620

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

ERICA WOLF
 Please print your name legibly

[Signature]
 Signature

8/31/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

WOLF

FIRST NAME (CLAIMANT)

ERICA

Address Line 1

23 MONTROSE MANOR COURT

Address Line 2 (If Applicable)

APT B

City

CATONSVILLE

State

MD

Zip

21228

Telephone Number (Home)

- - - - -

Telephone Number (Cell)

410 - 493 - 9405

Email Address

(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

ericaa.wolf@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200039415



ALYSON FOX
 1 ACORN LANE
 APT L 10
 SCARBOROUGH, ME 04074



Consent Form Number: 1000395

Control Number: 0205662024

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Alyson Fox
 Please print your name legibly

[Signature]
 Signature

8/27/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

FOX

FIRST NAME (CLAIMANT)

ALYSON

Address Line 1

1 ACORN LANE

Address Line 2 (If Applicable)

8

City

SCARBOROUGH

State

ME

Zip

04074

Telephone Number (Home)

- -

Telephone Number (Cell)

617-372-0352

Email Address

(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

alysnfx@hotmail.com

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200045138



SARAH GILLMARTEN
 3814 FORT HILL DR
 ALEXANDRIA, VA 22310



Consent Form Number: 1000452

Control Number: 1565316318

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

SARAH GILLMARTEN

Please print your name legibly

Signature

8/30/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

GILLMARTEN

FIRST NAME (CLAIMANT)

SARAH

Address Line 1

3814 FORT HILL DRIVE

Address Line 2 (If Applicable)

City

ALEXANDRIA

State

VA

Zip

22310

Telephone Number (Home)

703-329-0857

Telephone Number (Cell)

703-625-0472

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

S.GILLMARTEN@GMAIL.COM



McEarch en et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200124096



MEDINILLA SOARES
 107 N 2ND STREET
 APT 1
 HARRISON, NJ 07029



Consent Form Number: 1001241

Control Number: 2582017339

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Medinilla Soares
 Please print your name legibly

Medinilla Soares
 Signature

9/8/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.			
LAST NAME (CLAIMANT)		FIRST NAME (CLAIMANT)	
SOARES		MEDINILLA	
Address Line 1			
107 N 2ND STREET			
Address Line 2 (If Applicable)			
City		State	Zip
HARRISON		NJ	07029
Telephone Number (Home)		Telephone Number (Cell)	
		201-912-3931	
Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)			
MEDINILLA.SOARES@GMAIL.COM			



McEarcle et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200144951



MANDI WOUPES
 199 LAUREL AVENUE
 KEARNY, NJ 07032



Consent Form Number: 1001450

Control Number: 0222854608

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Mandi Woupes
 Please print your name legibly

Mandi Woupes
 Signature

9/30/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Woupes

FIRST NAME (CLAIMANT)

Mandi

Address Line 1

199 Laurel Ave

Address Line 2 (If Applicable)

City

Kearny

State

NJ

Zip

07032

Telephone Number (Home)

201-772-6592

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide, you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

mwoupes@yahoo.com

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

LUKE BEST

Consent Form Number: 1000102

Control Number: 0170903089

CONSENT TO BECOME A PARTY TO A LAWSUIT

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/s/ LUKE BEST
Signature

10/19/2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

MONICA GARZA

Consent Form Number: 1000439

Control Number: 0031372081

CONSENT TO BECOME A PARTY TO A LAWSUIT

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/s/ MONICA GARZA
Signature

10/19/2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

SINAT GIWA

Consent Form Number: 1000454

Control Number: 3032728658

CONSENT TO BECOME A PARTY TO A LAWSUIT

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/s/ SINAT GIWA
Signature

10/19/2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.

c/o GCG

P.O. Box 9349

Dublin, OH 43017-4249

Telephone: 1(800) 231-1815

Fax: 1(844) 553-1309

UBO



UBO0200147570



JOSHUA ALLISON

4501 MIXSON AVE APT 104

N CHARLESTON, SC 29405 5105



Claim Number: 1000021

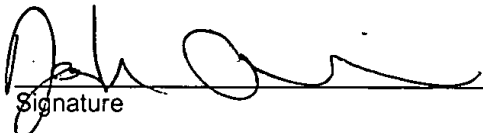
Control Number: 0814430884

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

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Joshua Allison

Please print your name legibly



Signature

9/8/14

Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Allison

FIRST NAME (CLAIMANT)

Joshua

Address Line 1

15-A

Village Dr

Address Line 2 (If Applicable)

City

Bluffton

State

SC

Zip

29910

Telephone Number (Home)

843-214-8657

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

jallison008@comcast.net

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO

UBO0200086363



GARRETT MCGRAW
 2515 SE 45TH ST.
 TOPEKA, KS 66609



Consent Form Number: 1000864

Control Number: 0151474486

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

GARRETT MCGRAW
 Please print your name legibly

[Signature]
 Signature

8-29-2014
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

MCGRAW

FIRST NAME (CLAIMANT)

GARRETT

Address Line 1

2515 SE 45TH ST.

Address Line 2 (If Applicable)

City

TOPEKA

State

KS

Zip

66609

Telephone Number (Home)

785-215-2383

Telephone Number (Cell)

785-215-2383

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

MCGRAW.GARRETT@GMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
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 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200062016



SAVANNAH JOHNSON
 1901 N HANCOCK ST
 PHILADELPHIA, PA 19112



Consent Form Number: 1000621

Control Number: 0072417851

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Savannah Johnson
 Please print your name legibly

[Signature]
 Signature

10/16/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

JOHNSON

FIRST NAME (CLAIMANT)

SAVANNAH

Address Line 1

608 KIMBARK STREET

Address Line 2 (If Applicable)

City

LONGMONT

State

CO

Zip

80501

Telephone Number (Home)

- - - - -

Telephone Number (Cell)

410-963-4546

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

THE.SAVANNAH.LEE@GMAIL.COM

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200117112



MATTHEW SCHACHTEBECK
 535 HADDON ROAD
 OAKLAND, CA 94606



Consent Form Number: 1001172

Control Number: 1409618063

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

82 Matt Schachtebeck
 Please print your name legibly

Signature

08/29/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

S C H A C H T E B E C K

FIRST NAME (CLAIMANT)

M A T T H E W

Address Line 1

5 3 5 H A D D O N R O A D

Address Line 2 (If Applicable)

City

O A K L A N D

State

C A

Zip

9 4 6 0 6

Telephone Number (Home)

5 1 0 - 6 9 7 - 5 5 5 2

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

M A T T . S C H A C H T E B E C K @ G M A I L . C O M

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200140489



GILLIAN WAY
 6601 OLD SAUK RD
 MADISON, WI 53705



Consent Form Number: 1001405

Control Number: 1120723018

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

GILLIAN WAY

Please print your name legibly

Signature

Date

08.24.2014

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

WAY

FIRST NAME (CLAIMANT)

GILLIAN

Address Line 1

6601 OLD SAUK RD

Address Line 2 (If Applicable)

City

MADISON

State

WI

Zip

53705

Telephone Number (Home)

Telephone Number (Cell)

608-335-7120

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

UBO



U8C021000557.11



COLE HIGGINBOTHAM
4937 HIGHLAND
KANSAS CITY, MO 64110



Consent Form Number: 1000558

Control Number: 0717930900

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Cole Higginbotham
Please print your name legibly

Signature

Date

07/16/14

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF").

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

FIRST NAME (CLAIMANT)

HIGGINBOTHAM

COLE

Address Line 1

4937 Highland AVE

Address Line 2 (If Applicable)

City

Kansas City

State

MO

Zip

65712

Telephone Number (Home)

Telephone Number (Cell)

417-360-0399

Email Address

(An email address is not required, but if you provide a valid address, the Claims Administrator is using it in providing you with information relevant to this claim.)

Robert.Colebob@gmail.com

QUESTIONS? VISIT WWW.GCGINC.COM/CASES/INFO/URBANOUTFITTERS OR CALL TOLL FREE AT 1(800) 231-1816

11

SELF

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200081222



JEREMY MAJORS
 193 OLD OAKEN BUCKET RD.
 SCITUATE, MA 02066



Consent Form Number: 1000813

Control Number: 0243447859

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Jeremy Majors
 Please print your name legibly

Signature

10-13-14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

Majors

FIRST NAME (CLAIMANT)

Jeremy

Address Line 1

193 Old Oaken Bucket Rd.

Address Line 2 (If Applicable)

City

Scituate

State

MA

Zip

02066

Telephone Number (Home)

505-414-9110

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

jtm.majors@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

JENNIFER ZITO

Consent Form Number: 1001474

Control Number: 0060728472

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

/s/ JENNIFER ZITO
Signature

10/20/2014
Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

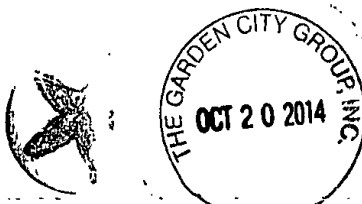
UBO



UBO0200130692



ABIGAIL TAYLOR
 100 WYCKOFF AVE
 APT 4A
 BROOKLYN, NY 11237



Consent Form Number: 1001307

Control Number: 0015865166

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

ABIGAIL TAYLOR

Please print your name legibly

Signature

 10/8/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

TAYLOR

FIRST NAME (CLAIMANT)

ABIGAIL

Address Line 1

100 WYCKOFF AVE

Address Line 2 (If Applicable)

APT 4A

City

BROOKLYN

State

NY

Zip

11237

Telephone Number (Home)

917-693-0034

Telephone Number (Cell)

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

ABIGAIL.ROBINTAYLOR@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200040773



BRITINI FREY
 5332 MARICOPA DR
 SIMI VALLEY, CA 93063

Consent Form Number: 1000408

Control Number: 0098487213

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Britini Frey
 Please print your name legibly

[Signature]
 Signature

9/12/2014
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

SELF

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

FREY

FIRST NAME (CLAIMANT)

BRITINI

Address Line 1

5332 Maricopa Drive

Address Line 2 (If Applicable)

City

Simi Valley

State

CA

Zip

93063

Telephone Number (Home)

805-657-3372

Telephone Number (Cell)

805-657-3372

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

COUNCILbeth@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
 c/o GCG
 P.O. Box 9349
 Dublin, OH 43017-4249
 Telephone: 1(800) 231-1815
 Fax: 1(844) 553-1309

UBO



UBO0200120701



MIA SHURDEN
 1129 JUNIPER WAY
 HUDSON, WI 54016



Consent Form Number: 1001208

Control Number: 0013753507

**CONSENT TO BECOME A PARTY TO A LAWSUIT**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court, whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Mia Shurden
 Please print your name legibly

Mia C. Shurden
 Signature

10/15/14
 Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF"):

Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT)

SHURDEN

FIRST NAME (CLAIMANT)

MIA

Address Line 1

330 WASHINGTON ST

Address Line 2 (If Applicable)

UNIT B

City

SANTA CRUZ

State

CA

Zip

95060

Telephone Number (Home)

- - - - -

Telephone Number (Cell)

715-781-1257

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

mia.shurden@gmail.com

McEarchen et al. v. Urban Outfitters, Inc.
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Telephone: 1(800) 231-1815
Fax: 1(844) 553-1309

UBO0200073656

STEPHANIE LEOGRANDE
PO BOX 342
MOUNT TABOR NJ 07878

THE GARDEN CITY GROUP INC.
OCT 22 2014

Consent Form Number: 1000737
Control Number: 0054727615

CONSENT TO BECOME A PARTY TO A LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf in this collective action pending against Defendant Urban Outfitters, Inc. I agree to be bound by any adjudication of this action by the Court whether favorable or unfavorable. I either hereby designate Plaintiffs' counsel to represent me in the suit and to make decisions on my behalf concerning the litigation and settlement or I have retained separate counsel to represent me in the suit or will represent myself, as indicated below.

Stephanie Leogrande *[Signature]* 10/20/14
Please print your name legibly Signature Date

Please indicate the name of your lawyer if you will be represented by separate counsel (or, if representing yourself, please indicate "SELF").
Self

PLEASE FILL IN THE INFORMATION BELOW. THIS SECTION BELOW WILL NOT BE FILED WITH THE COURT.

LAST NAME (CLAIMANT) *Leogrande* FIRST NAME (CLAIMANT) *Stephanie*

Address Line 1
P.O. Box 342

Address Line 2 (If Applicable)

City *Mount Tabor* State *NJ* Zip *07878*

Telephone Number (Home) Telephone Number (Cell)
201-274-4253

Email Address: (Email address is not required, but if you provide it you authorize the Central Administrator to use it in providing you with information relevant to this claim.)
stef.leogrande@gmail.com

QUESTIONS? VISIT WWW.GCGINC.COM/CASES-INFO/URBANOUTFITTERS OR CALL TOLL FREE AT 1(800) 231-1815